

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.W	12	04-17-01
O.I.P.E. CLASSIFIER	mk	519	
FORMALITY REVIEW		SC 589	6/6/01
RESPONSE FORMALITY REVIEW	CC	561114	9-21-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	
2	2	2	
3	3	3	
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If more than 150 claims or 10 actions  
staple additional sheet here

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